

MEDDIC-MS Data Book

*Medicaid Encounter Data Driven Improvement Core Measure Set
Quality Assessment and Performance Improvement*

Vol. 2. 2005 HMO-Specific Performance Data Wisconsin Family Medicaid and BadgerCare

Wisconsin Department of Health and Family Services
Division of Health Care Financing, Bureau of Managed Health Care Programs

September 2006

MEDDIC-MS Data Book

*Medicaid Encounter Data Driven Improvement Core Measure Set
Quality Assessment and Performance Improvement*

Vol. 2. 2005 HMO-Specific Performance Data
Wisconsin Family Medicaid and BadgerCare

Table of Contents

| | |
|---|-------|
| Introduction and background | 5 |
| Wisconsin Medicaid/BadgerCare HMO Summary | 7 |
| Key to HMO abbreviations and contact for additional information | 8 |
| Results on Clinical Performance Measures | |
| Asthma care | 10 |
| Blood lead toxicity screening | 12 |
| Dental (Preventive) services | 13 |
| Diabetes care | 14 |
| EPSDT (HealthCheck) comprehensive well-child exams | 15-16 |
| General and Specialty care-outpatient | 17-18 |
| General and Specialty care-inpatient | 19-21 |
| Immunizations for children | 22 |
| Mammography (screening) and malignancy detection | 23 |
| Maternity/perinatal care | 24 |
| Mental health/substance abuse follow-up care within 7 and 30 days | 25-27 |
| Mental health/substance abuse-evaluations and outpatient care | 28-32 |
| Non-HealthCheck well-child care | 33-34 |
| Pap tests--cervical cancer screening and malignancy detection | 35 |

Other volumes include:

MEDDIC-MS Data Book 2005, Volume 1, Overall Performance Data, Wisconsin Family Medicaid and BadgerCare.

View this and other quality reports online at: <http://www.dhfs.state.wi.us/MEDICAID7/PROVIDERS/INDEX.HTM>

This publication is not copyright protected and may be reproduced, quoted and reprinted without permission. Attribution to the Wisconsin Department of Health and Family Services is requested. Suggested citation:

MEDDIC-MS Data Book, Vol. 2, 2005 HMO-Specific Performance Data, Wisconsin Family Medicaid and BadgerCare, State of Wisconsin, Department of Health and Family Services, November 2006.

Introduction and Background

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set) is Wisconsin's set of automated, standardized performance measures for Family Medicaid and BadgerCare (the State Children's Health Insurance Program, SCHIP) managed care.

Use of MEDDIC-MS was approved by the Centers for Medicare and Medicaid Services (CMS) as part of its review of the state's quality improvement strategy in August 2003. The Agency for Healthcare Research and Quality (AHRQ) has recognized MEDDIC-MS for inclusion in the National Quality Measures Clearinghouse (NQMC®). To view the measure summaries on the NQMC, go to: <http://www.qualitymeasures.ahrq.gov/resources/measureindex.aspx> and scroll down to "State of Wisconsin."

MEDDIC-MS and MEDDIC-MS SSI performance measures have been approved for health plan accreditation by URAC® (Utilization Review Accreditation Commission).

MEDDIC-MS uses monthly HMO encounter data and other electronic data sources, to operate without paper medical record review. This improves patient privacy protection, reduces costs and improves measure accuracy. Medical record review is used for data validity audits, ambulatory quality of care audits, when HMOs wish to augment their encounter data and for special audit functions.

Results on each measure are calculated by a third party, not by HMOs or the DHFS itself, improving consistency and accuracy. To drive performance improvement, an integrated goal-setting system applies to some of these measures.

Performance reports for prior years are available on the Wisconsin Medicaid Managed Care Website. To view these reports, please go to: <http://www.dhfs.state.wi.us/medicaid7/providers/index.htm> and scroll down to "Provider Quality Reports."

The data in this booklet presents performance rates for each HMO on each MEDDIC-MS performance measure based on calendar year 2005 data.

Complete technical specifications for the MEDDIC-MS measures are available upon request. Contact: Gary R. Ilminen, RN at (608) 261-7839 or ILMINGR@DHFS.STATE.WI.US.

New Enrollee Health Needs Assessment (NEHNA) survey

DHFS has implemented a proactive approach to performance improvement called the New Enrollee Health Needs Assessment (NEHNA) survey. The NEHNA survey is administered by the state's enrollment broker at the time of enrollment. Enrollee-specific health care needs, including special health care needs such as those for chronic conditions, are identified in a voluntary telephone survey. Information about those needs is shared with the enrollee's HMO. In this way, the Department facilitates quality improvement by informing HMOs of the health care needs of new enrollees, even before the enrollee may have a visit with their doctor.

Care Analysis Projects

DHFS has implemented a care management support system called Care Analysis Projects (CAP). Through CAP, enrollee-specific health care needs are identified from encounter data and those needs are shared with the enrollee's HMO. CAP allows the Department to assist HMO outreach to individuals with special health care needs.

CAP focuses on several chronic conditions and on the provision of key preventive services. Chronic conditions included are congestive heart failure, asthma, and diabetes. Preventive health services include lead screening and prenatal risk assessment.

MEDDIC-MS and CAP work together. CAP provides data-driven targeted intervention and MEDDIC-MS provides performance assessment.

HMO Performance Improvement Projects

The Wisconsin Medicaid/BadgerCare HMO contract requires HMOs to complete at least two performance improvement project reports annually. These projects drive quality improvement.

To view a summary of HMO Performance Improvement Project topics, go to:

[HTTP://WWW.DHFS.STATE.WI.US/MEDICAID7/REPORTS_DATA/MCORGPERIMP.HTM](http://www.dhfs.state.wi.us/medicaid7/reports_data/mcorgperimp.htm)

| HMO name | Accreditation | Total enrollment (as of Sept. 2006)** | Type of HMO | Number of full & partial counties served |
|--|---------------|---|-------------|---|
| Abri Health Plan | None | 6,830 | Mixed model | 4 |
| Compicare | None | 25,667 | Mixed model | 26 |
| Dean Health Plan | NCQA* | 8,633 | Group model | 4 |
| Group Health Cooperative- Eau Claire | None | 15,524 | Mixed model | 23 |
| Group Health Cooperative- South Central | NCQA* | 3,684 | Staff model | 1 |
| Health Tradition Health Plan | None | 5,652 | Group model | 6 |
| Managed Health Services | None | 109,595 | IPA | 28 |
| MercyCare Insurance Corporation | NCQA* | 9,365 | IPA | 5 |
| Network Health Plan | None | 52,602 | Group model | 28 |
| Security Health Plan | NCQA* | 21,763 | Group model | 23 |
| UnitedHealthcare | NCQA* | 93,609 | IPA | 20 |
| Unity Health Plans | NCQA* | 3,384 | IPA | 1 |

*This HMO is accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services HMO Accreditation Incentive Program.

** Medicaid and BadgerCare enrollees only—excludes commercial and Medicare+Choice enrollees, if applicable.

NOTE: Children's Community Health Plan commenced business on Jan. 1, 2006 and now serves Medicaid and BadgerCare enrollees, but did not provide services in 2005, so is not included in this report.

Key to HMOs for Individual HMO charts:

AHP Abri Health Plan
CHP CompCare Health Plan (formerly Atrium Health Plan)
DHP Dean Health Plan
GHE Group Health Cooperative-Eau Claire
GHC Group Health Cooperative-South Central
HTP Health Tradition Health Plan
MHS Managed Health Services
MCP MercyCare Insurance Corporation
NHP Network Health Plan
SHP Security Health Plan
THP Touchpoint Health Plan (merged with UnitedHealthcare January, 2006. Touchpoint is no longer available.)
UHC UnitedHealthcare (Americhoice)
UHP Unity Health Plans

For additional information, contact:

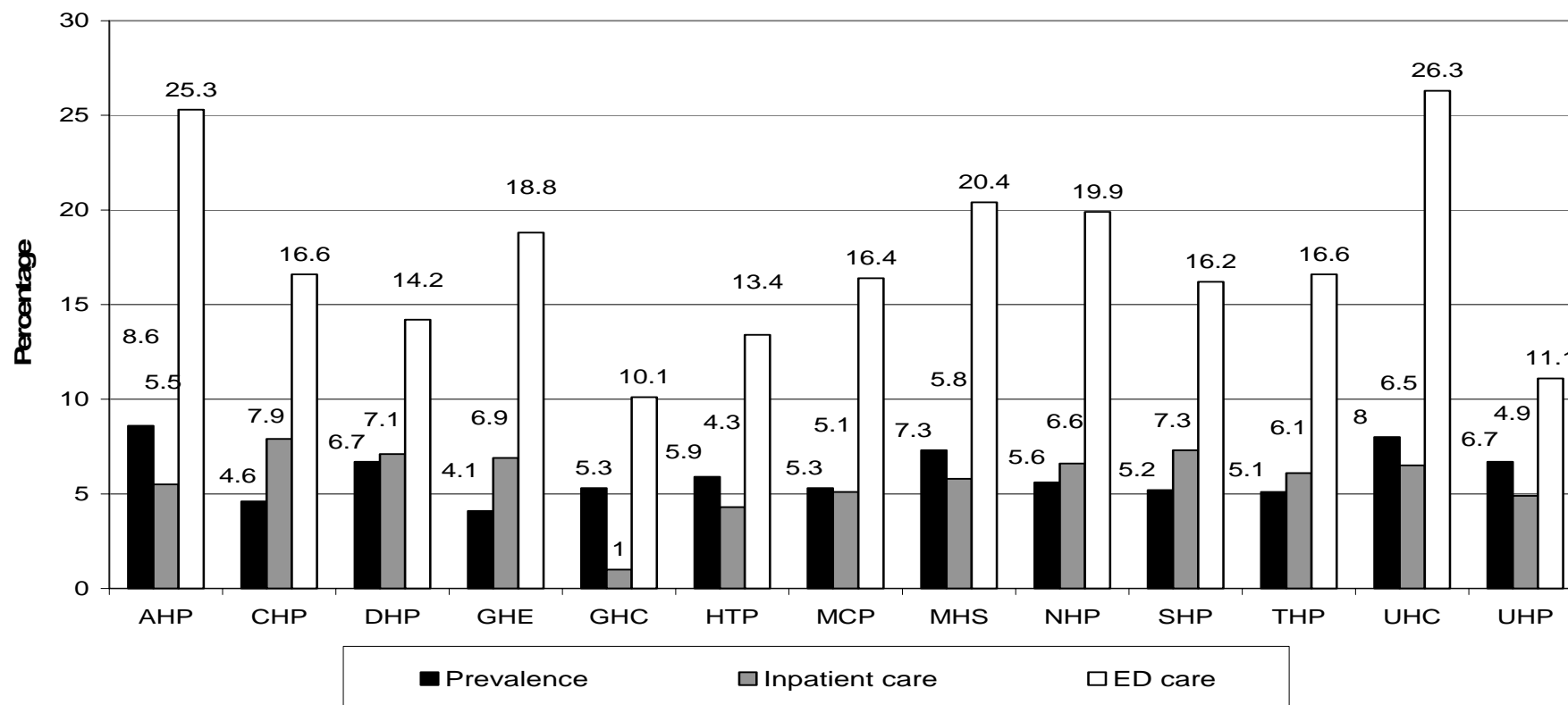
State of Wisconsin
Department of Health and Family Services
DHCF/BMHCP
Gary R. Ilminen, RN Nurse Consultant
1 W. Wilson St., PO Box 309
Madison, WI 53701-0309
(608) 261-7839 Office
(608) 261-7792 Fax
ilmingr@dhfs.state.wi.us

Results on Clinical Performance Measures

Asthma care

Monitoring measure

Asthma prevalence, inpatient care & ED care, age birth to 20 years

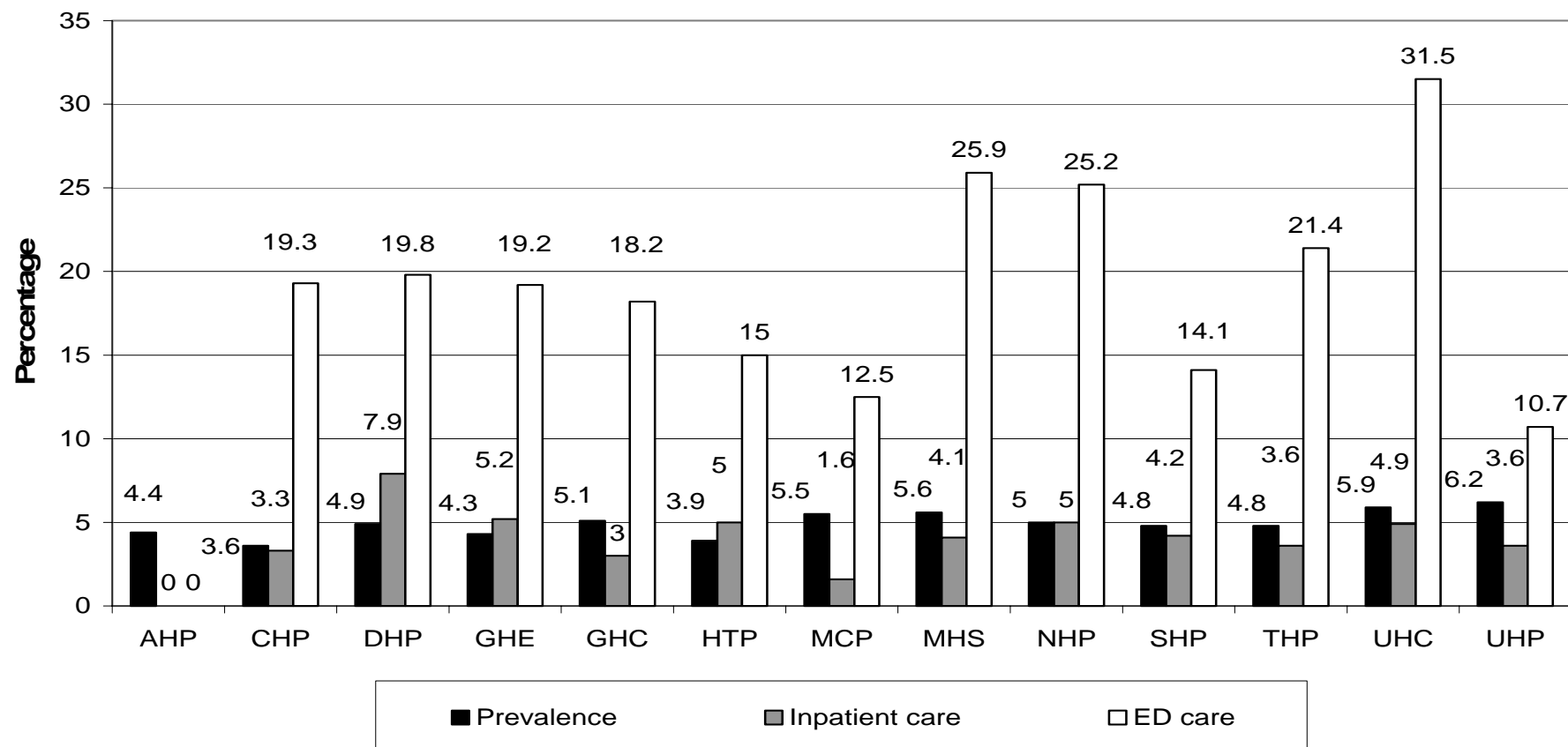


In 2005, the HMO program-wide average for asthma prevalence was 6.6 percent among children birth to age 20 years, 5.2 percent in the 21+ years age group. The overall inpatient care rates were 6.2 percent for the birth to age 20 group and 4.4 Percent for the 21+ years age group. The overall ED care rates were 20.7 percent for the birth to age 20 group and 24.3 percent for the 21+ age group. Please refer to p. 8 for a key to the HMO abbreviations. ED refers to emergency department care. (Results continued on next page.)

Asthma care (continued)

Monitoring measure

Asthma prevalence, inpatient and ED care, age 21+ years

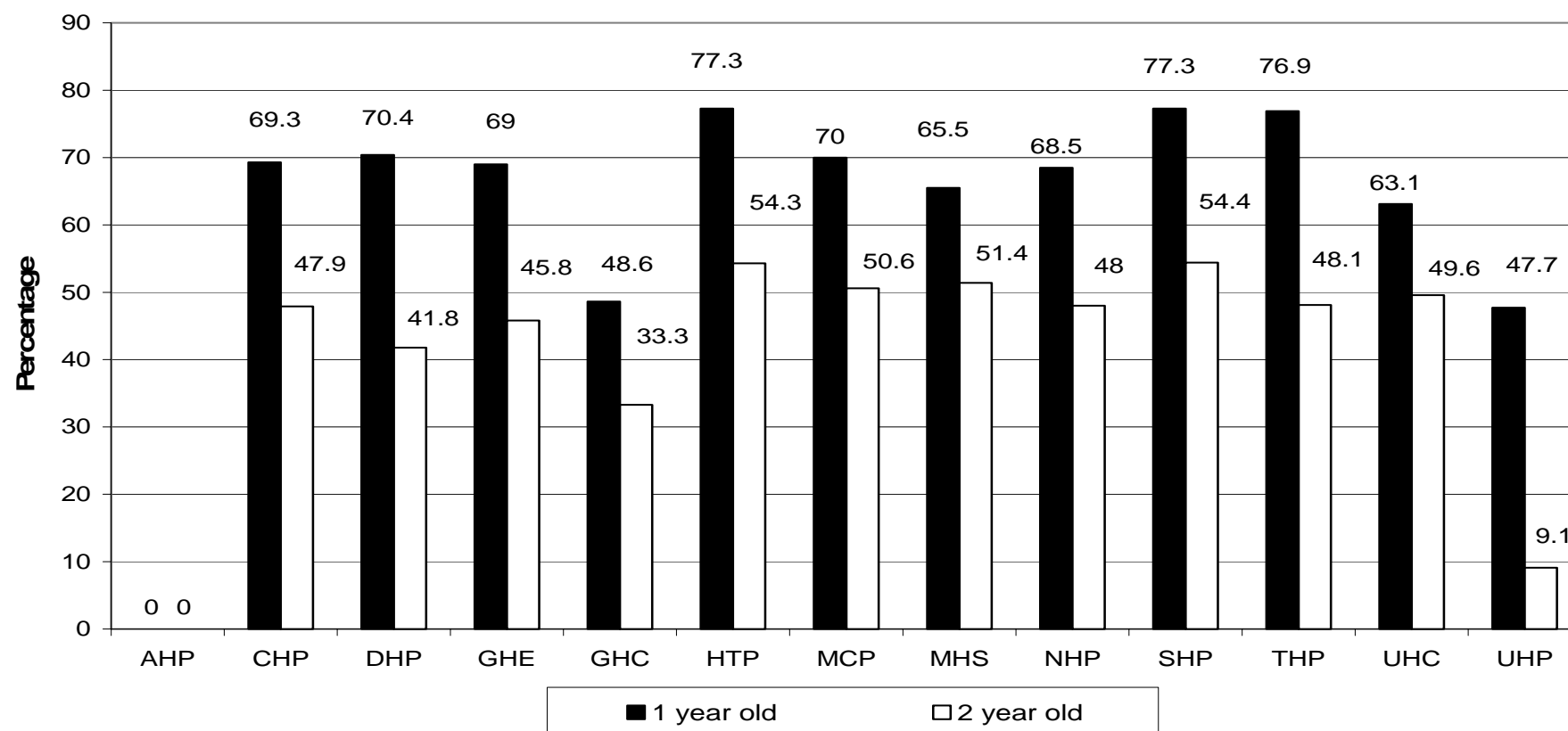


Please refer to p. 8 for a key to the HMO abbreviations.

Blood lead toxicity screening

Targeted performance improvement measure

Blood lead toxicity screening by HMO

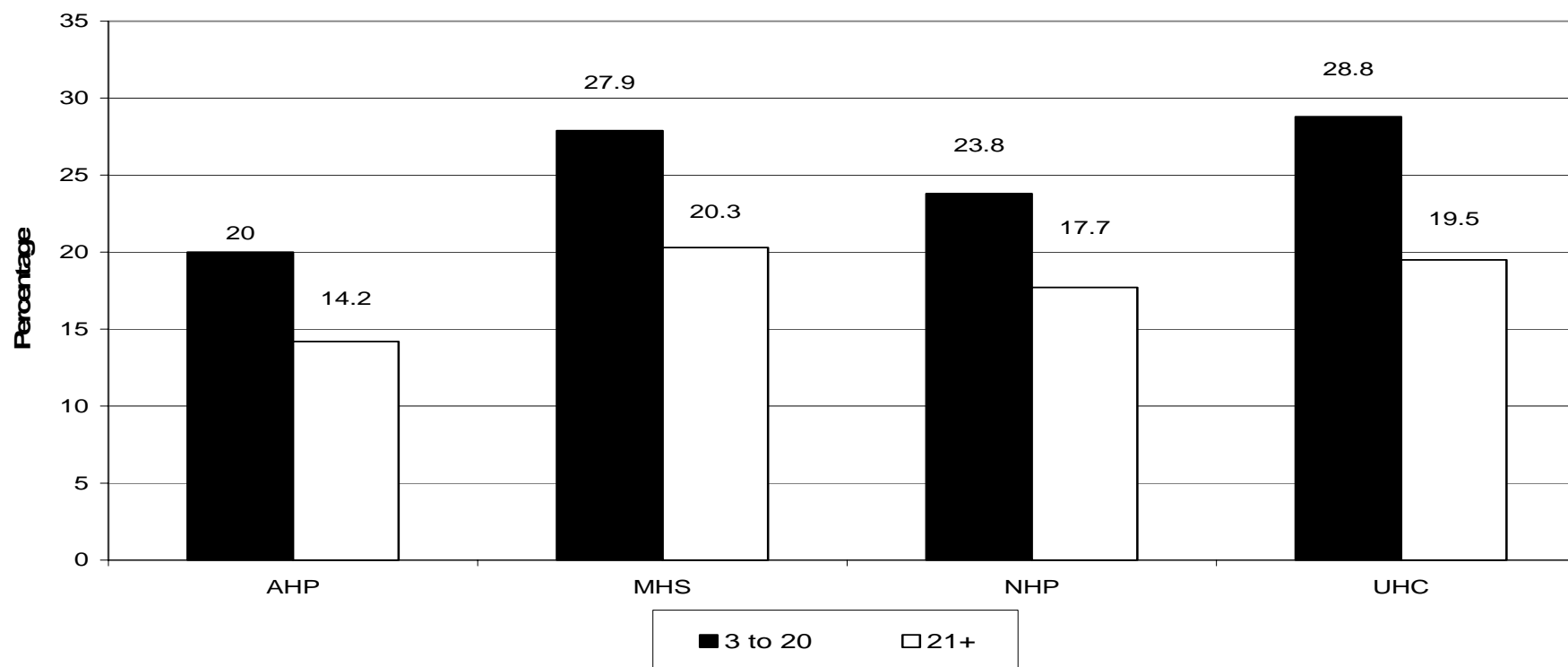


The average blood lead testing rate in the one year old age group in 2005 was 67 percent, down slightly from 2004 when the average was 69.9 percent, and was 49.3 percent for two year olds, down from 52.3 percent in 2004. AHP had fewer than 30 enrollees in the denominator for one and two-year-olds in this measure and so do not have values shown. Please refer to p. 8 for a key to the HMO abbreviations.

Dental (Preventive) Services

Targeted performance improvement measure

Preventive dental care, age 3-20 and 21+ by HMO

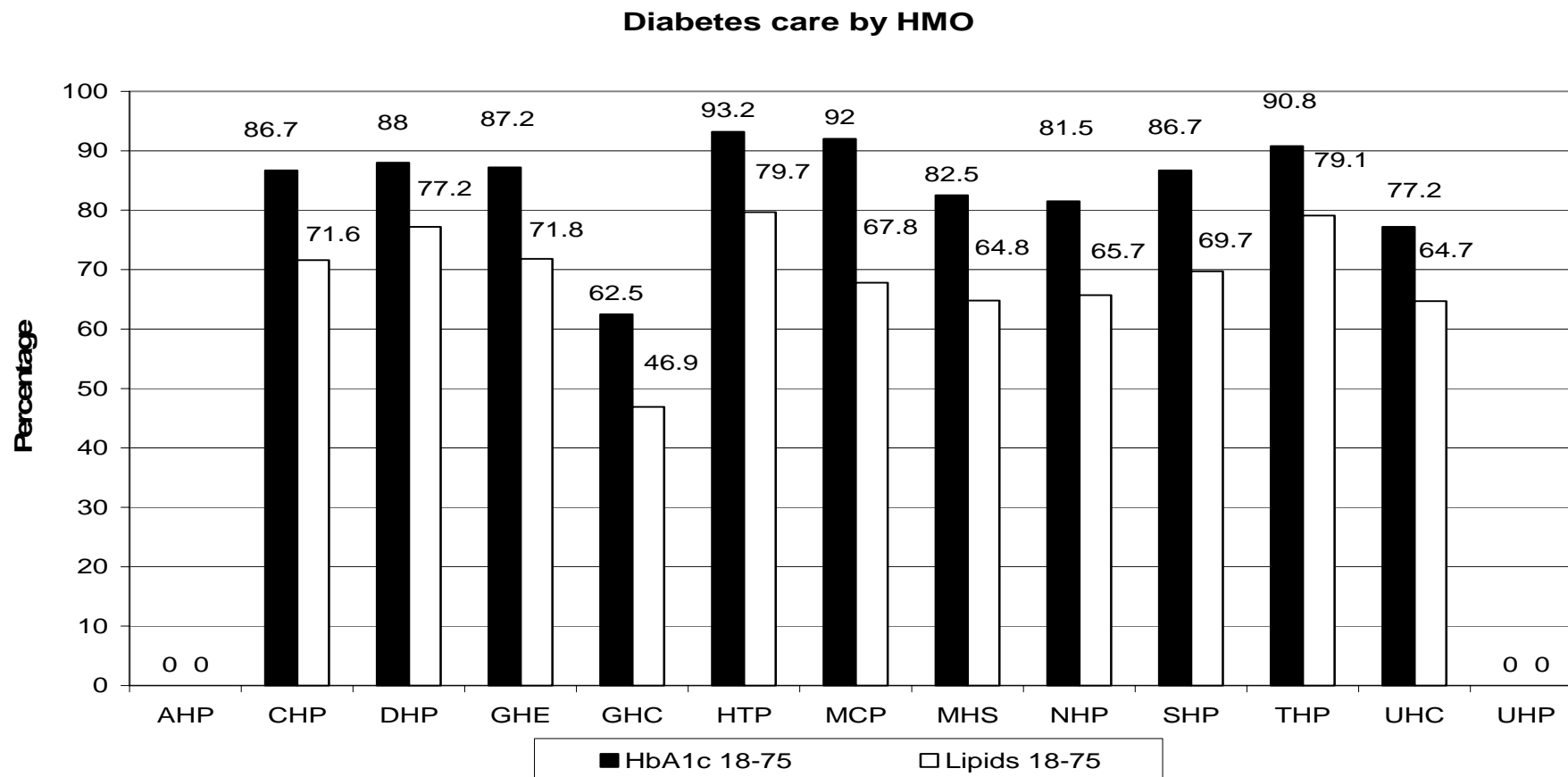


In 2005, the average rate of provision of preventive dental care in the 3-20 years-of-age cohort was 27.8 percent; the average was 19.7 percent in the 21+ years-of-age cohort. Performance by all three HMOs improved in both age cohorts in 2005. For calculation of 2005 data, four dental service codes were added to the measure and one was deleted.

Note: Four HMOs provided dental care under their Medicaid/BadgerCare contract in 2005. Please refer to p. 8 for a key to the HMO abbreviations.

Diabetes care

Targeted performance improvement measure

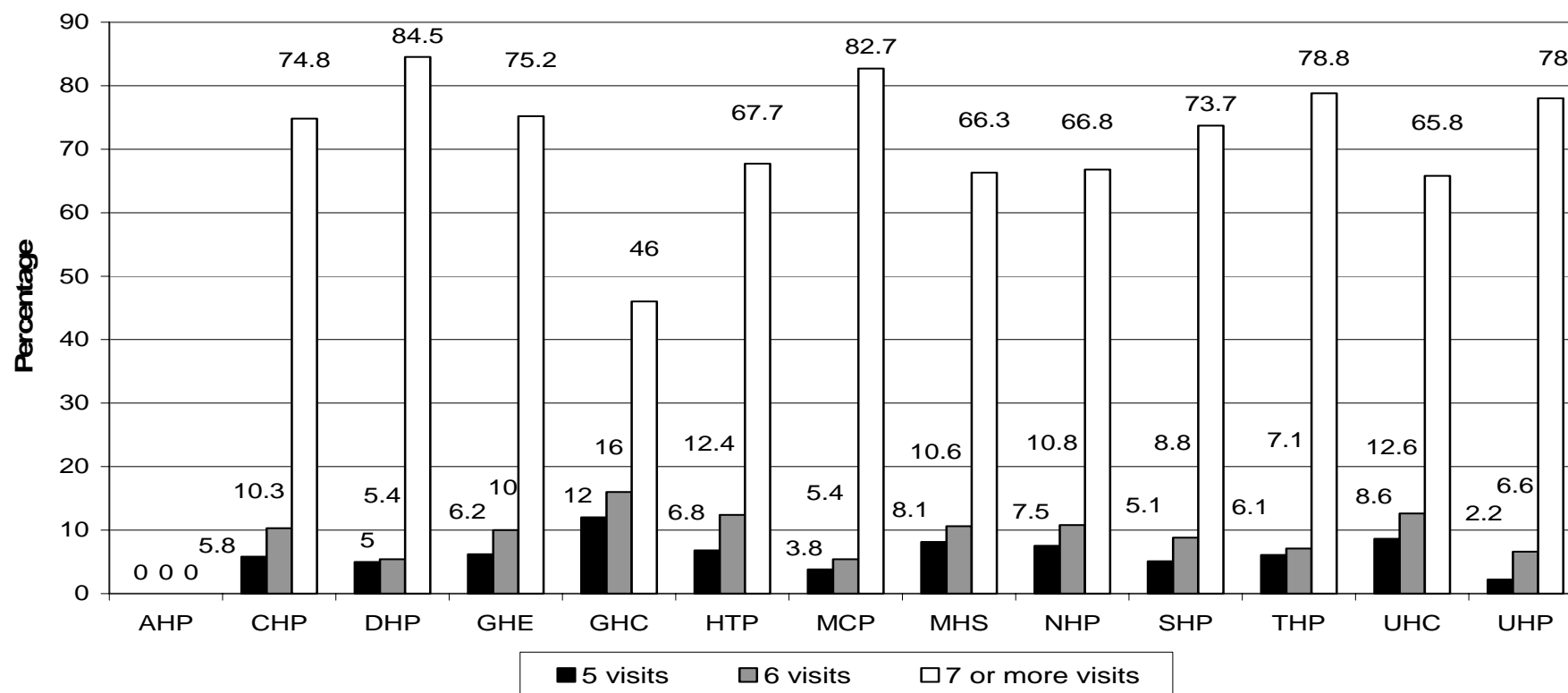


Two HMOs (AHP and UHP) had fewer than 30 enrollees in the denominator and so do not have results included in the chart. The birth to age 17 years age cohort is not reported by individual HMO due to very small denominator numbers. The 2005 overall HMO average rate for hemoglobin A1c (HbA1c) for adults was 82.8 percent, an increase from the 2002 average of 74.8 percent; the average rate for lipids testing was 67.2 percent, also an increase from the 2002 average of 55.5 percent. Please refer to p. 8 for a key to the HMO abbreviations.

EPSDT (HealthCheck) comprehensive well-child exams

Targeted Performance Improvement Measure

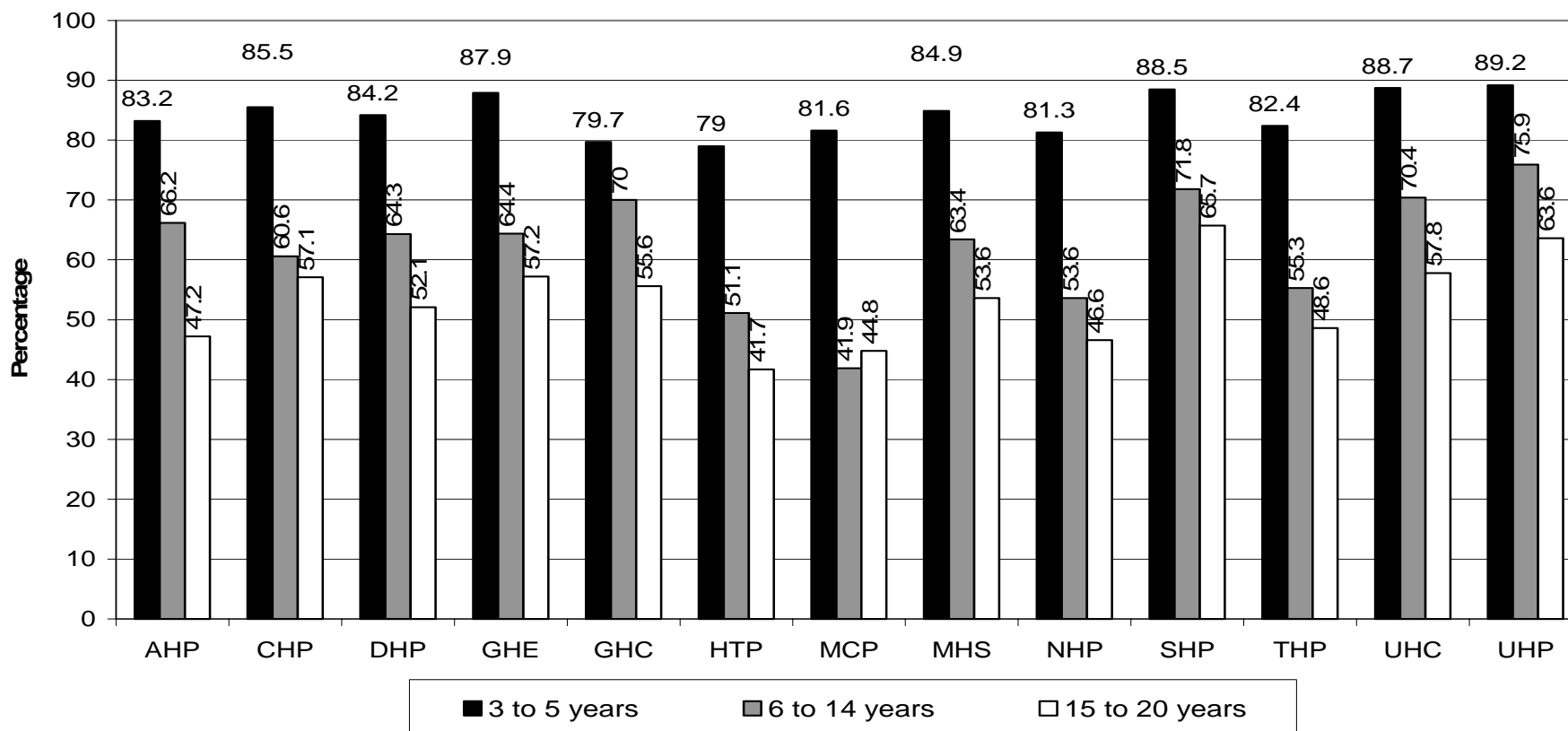
**Early, periodic screening, diagnosis & treatment (HealthCheck) EPSDT services,
by HMO, birth to age 2 years**



In 2005, the average rate of children up to age two years with 7 or more HealthCheck exams across all HMOs was 69.2 percent. The average rate for children with 6 exams was 10.5 percent and for 5 exams, it was 7.4 percent. One HMO, AHP had fewer than 30 enrollees in the denominator, so the individual HMO rate is not shown. Please refer to p. 8 for a key to the HMO abbreviations. Results are continued on next page.

EPSDT (HealthCheck) comprehensive well-child exams (continued)

Early, periodic screening, diagnosis & treatment (HealthCheck) EPSDT services,
by HMO, age 3-20 years

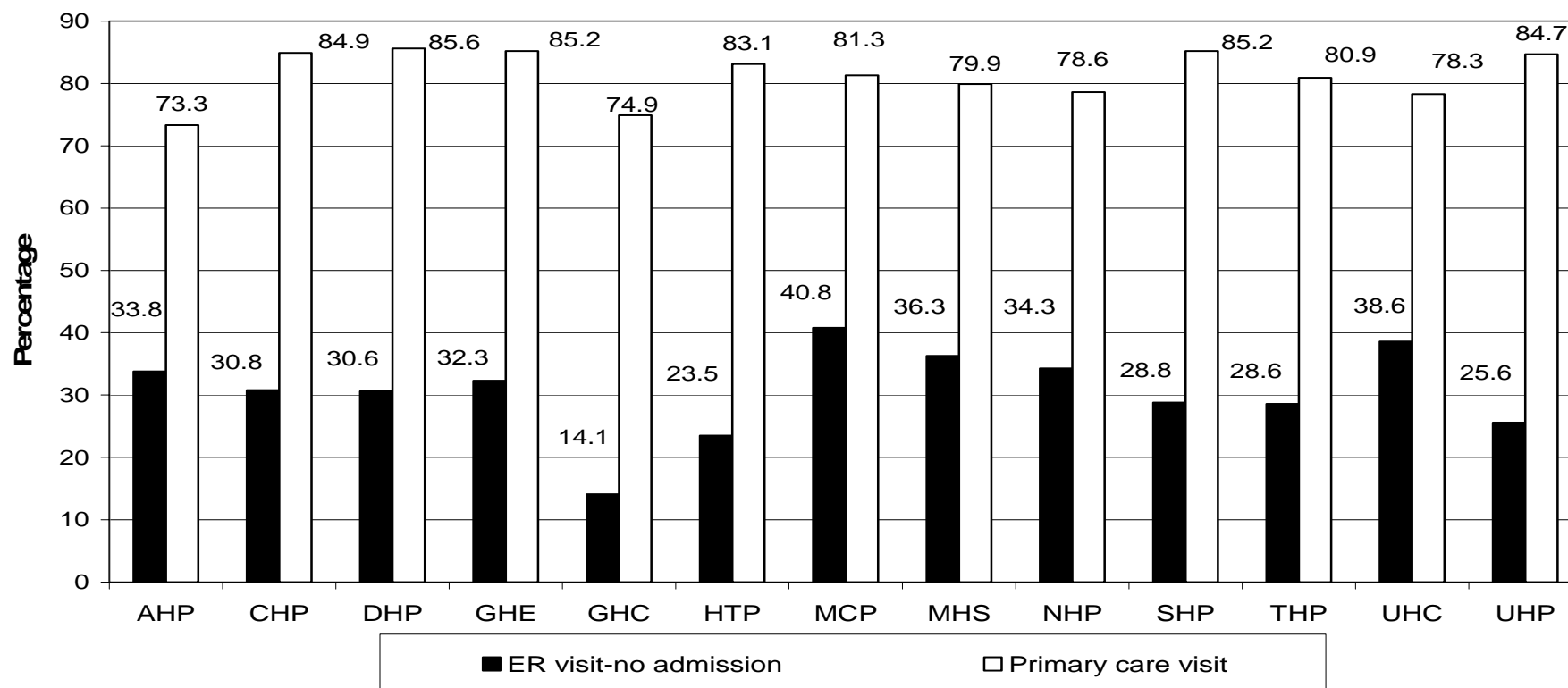


The average rate for children age 3-5 years with at least one HealthCheck exam in the look-back period was 85.1 percent across all HMOs. For children age 6-14 years, it was 62.8 percent and for children age 15-20 years it was 54.1 percent. Please refer to p. 8 for a key to the HMO abbreviations.

General and Specialty care-outpatient

Monitoring measure

General & specialty outpatient care: ER encounters without admission and primary care visits

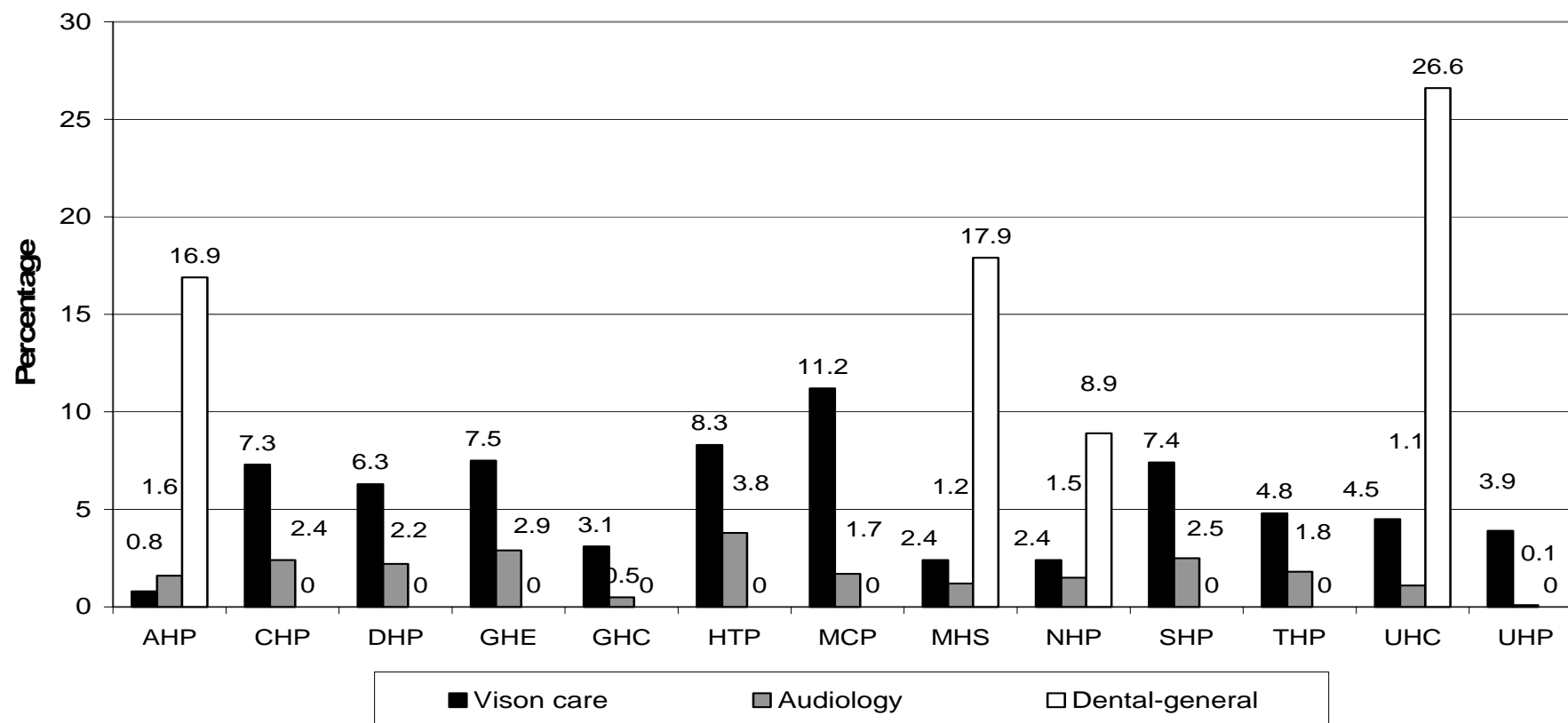


In 2005, the average rate for emergency room/department (ER) visits not resulting in hospital admission was 34.4 percent. Average rate for primary care visits was 80.6 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-outpatient (continued)

Monitoring measure

General & specialty outpatient care, vision, audiology and general dental, by HMO

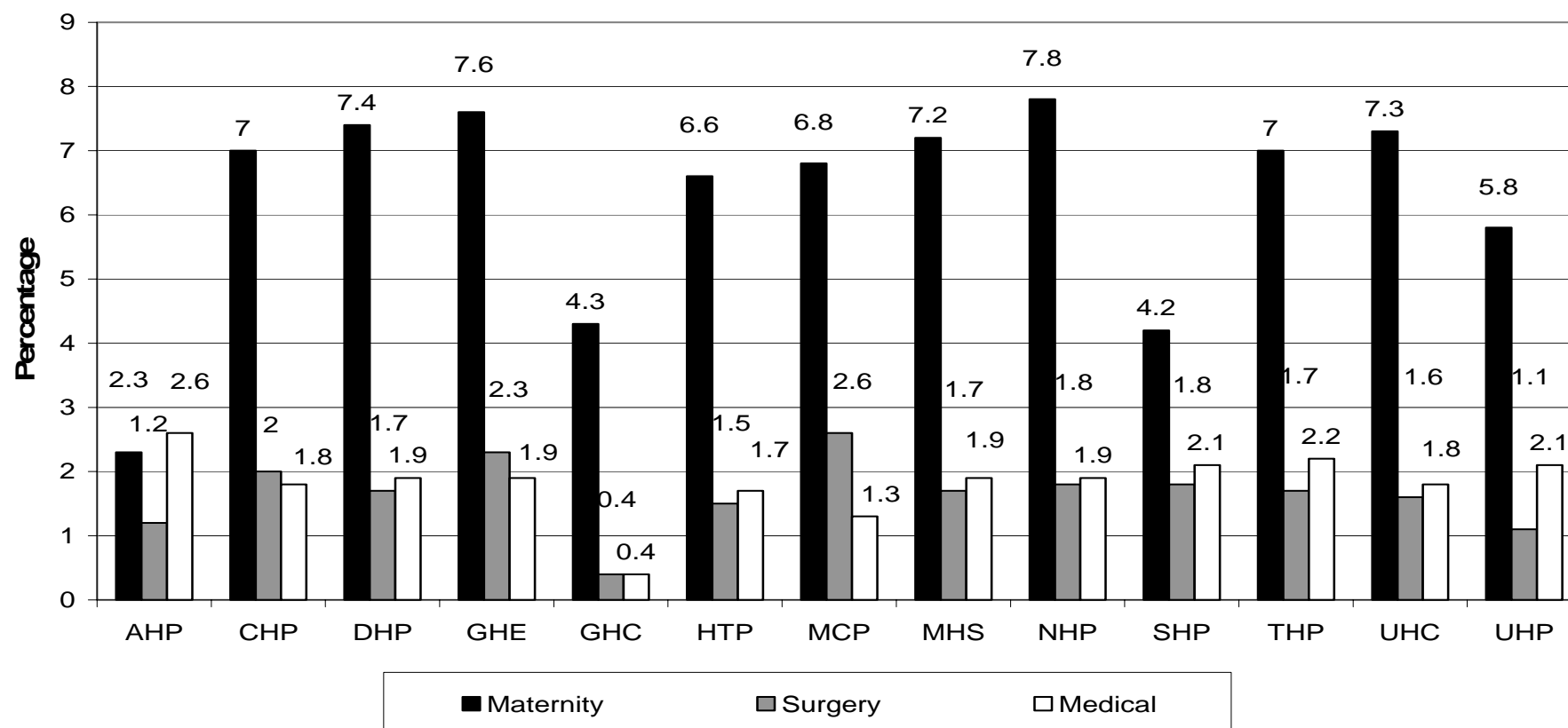


The 2005 HMO average for vision care was 4.3 percent, for audiology it was 1.6 percent and for general dental care, 18.4 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Four HMOs—AHP, MHS, NHP and UHC—provide dental services under their contract in 2005. Please refer to p. 8 for a key to the HMO abbreviations.

General and Specialty care-inpatient

Monitoring measure

General & specialty inpatient care by HMO

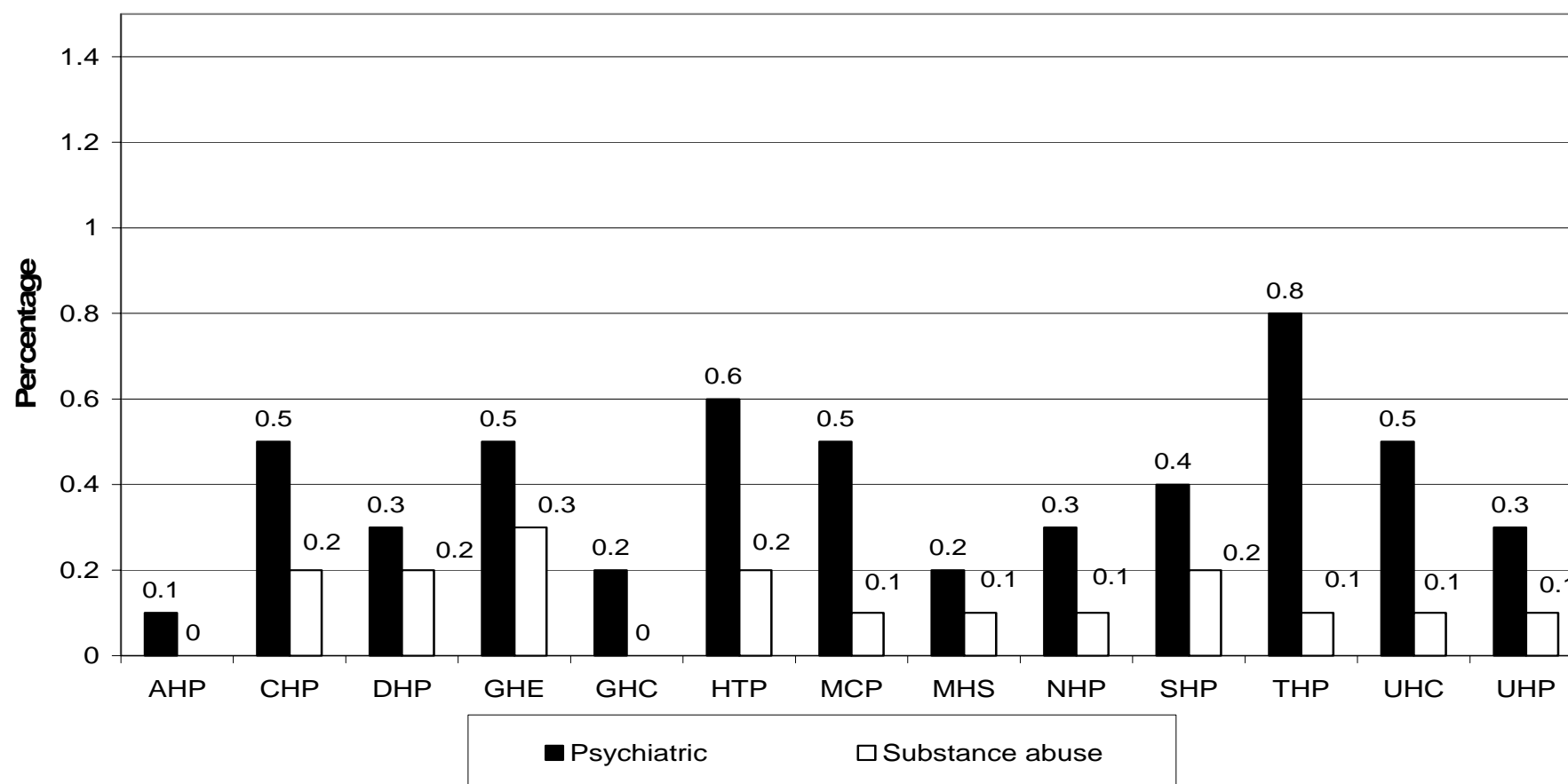


In 2005, the program-wide HMO average for maternity care was 6.8 percent, 1.7 percent for surgical inpatient care, and 1.9 percent for inpatient medical care. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-inpatient (continued)

Monitoring measure

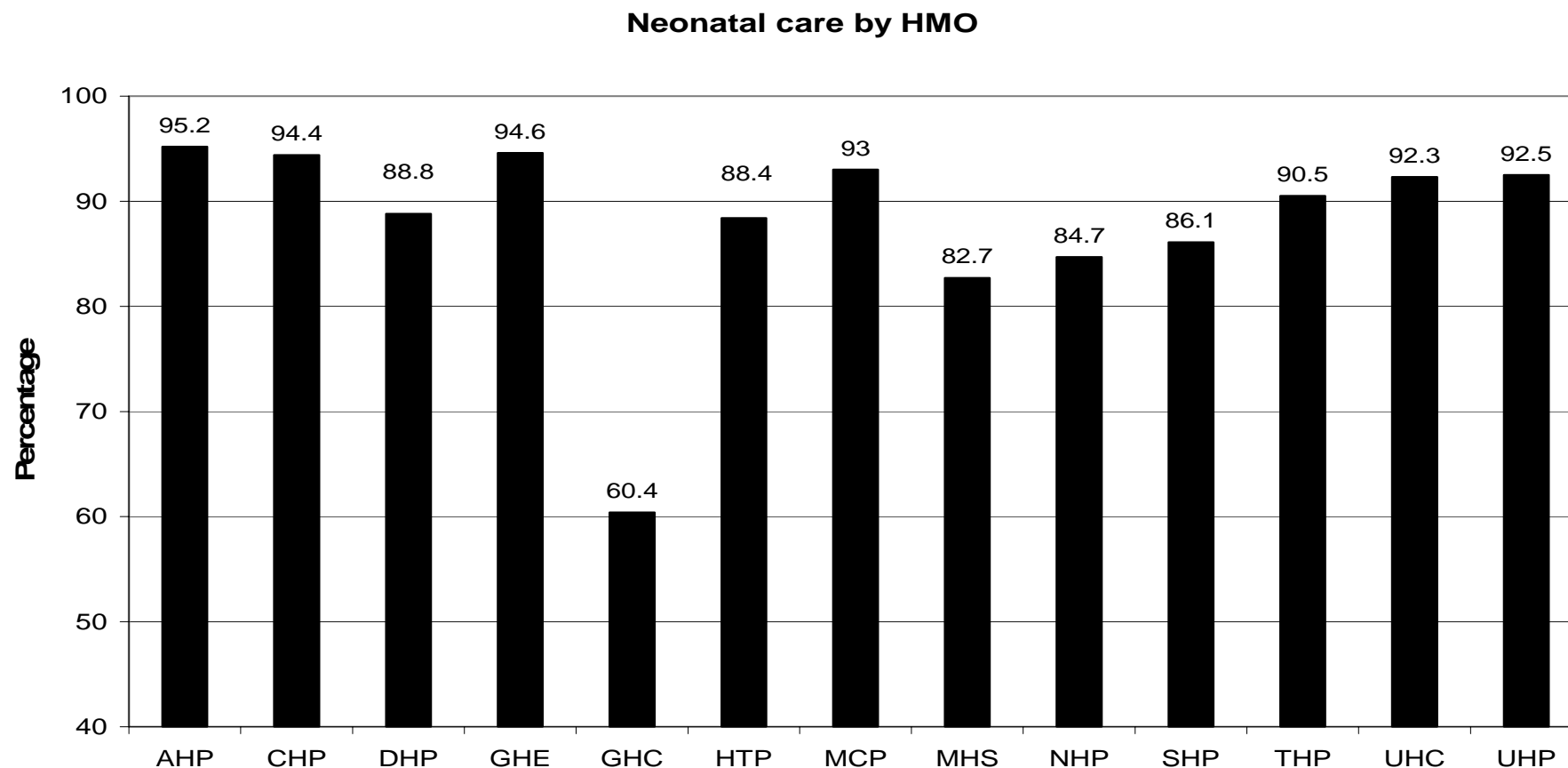
General & specialty inpatient care, psychiatry & substance abuse by HMO



The 2005 program-wide HMO average for inpatient psychiatric care was 0.4 percent and was 0.1 percent for inpatient substance abuse care. Please refer to p. 8 for a key to the HMO abbreviations.

General & Specialty Care—Inpatient (continued)

Monitoring measure

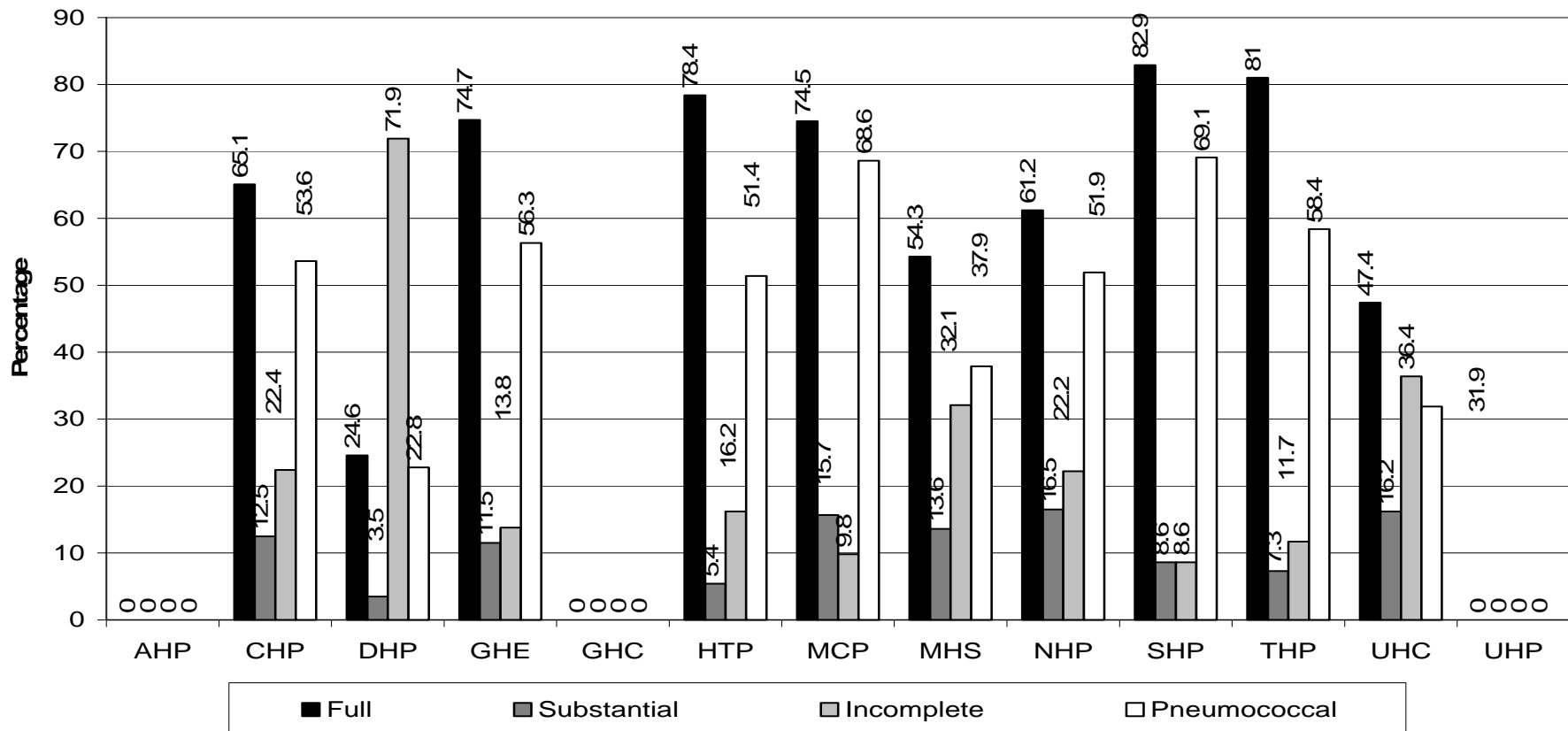


In 2005, the program-wide average for neonatal care was 87.4 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Immunizations for children

Targeted performance improvement measure

Childhood immunizations by HMO

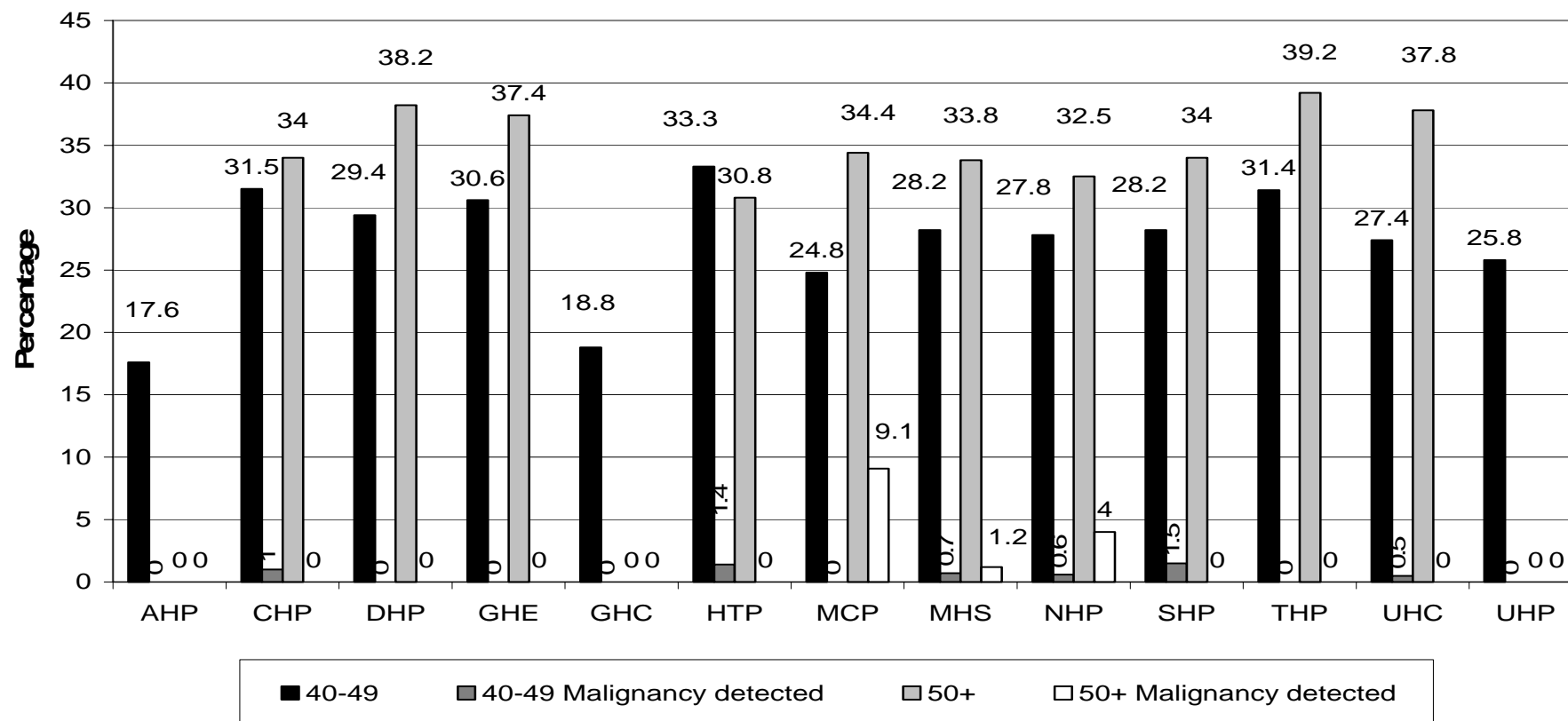


In 2005, the overall HMO average for full immunization status was 59.1 percent. The average for substantial immunization status was 13.3 percent and the average for incomplete immunization status was 27.6 percent. The average for the pneumococcal vaccination status (4 doses) was 44.3 percent. AHP, GHC, and UHP each had fewer than 30 enrollees in the denominator, so their rate is not entered. Please refer to p. 8 for a key to the HMO abbreviations.

Mammography (screening) and Malignancy Detection

Monitoring measure

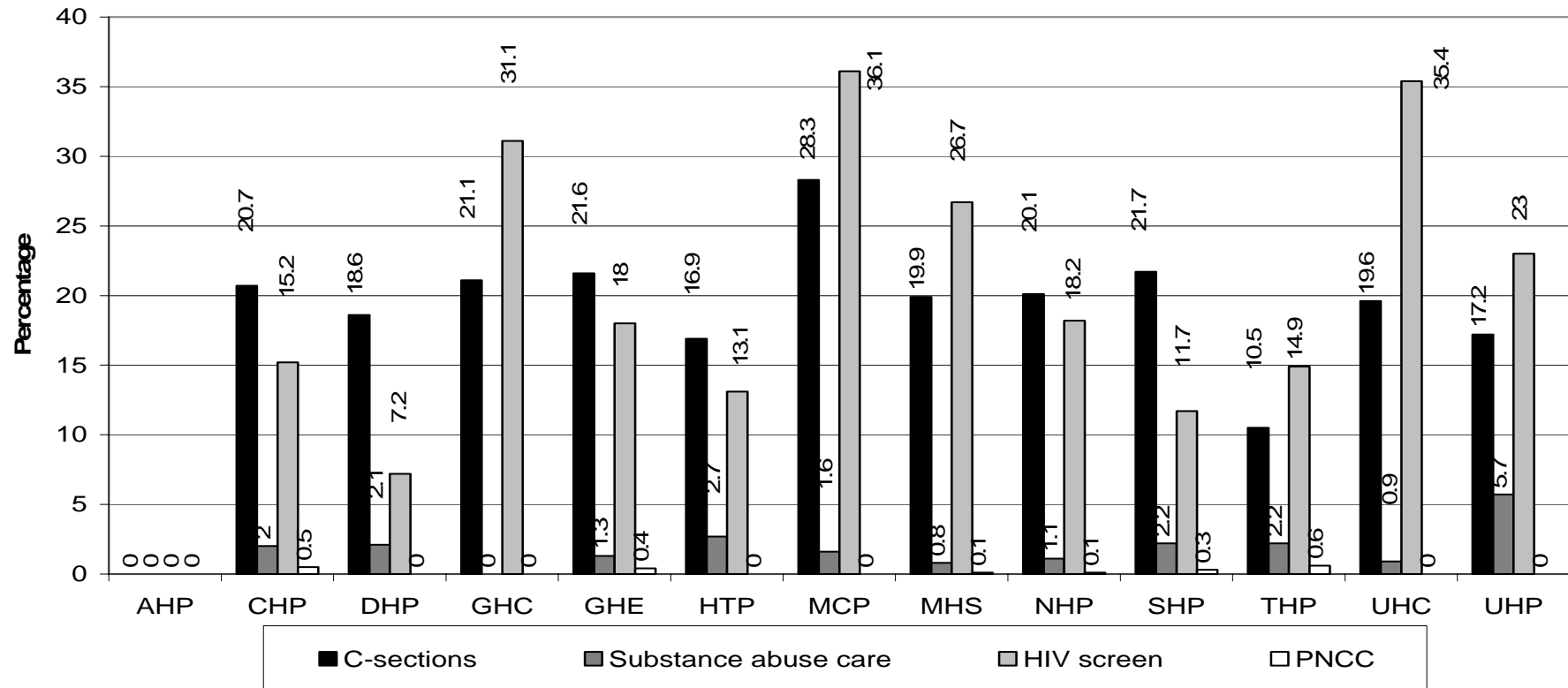
Screening mammography and malignancy detection rates,
by HMO, ages 40-49 and 50+ years by HMO



In 2005, the average HMO screening mammography rate in the 40-49 years age cohort was 28.5 percent, with an average malignancy detection rate of 0.7 percent. The average rate in the 50+ years age cohort was 34.9 percent with a 1.2 percent detection rate. Three HMOs—AHP, GHC and UHP—had a denominator smaller than 30 enrollees in the 50+ years age cohort and therefore have no rate reported. Please refer to p. 8 for a key to the HMO abbreviations.

Maternity/perinatal Care

Maternity care: C-sections, substance abuse care, voluntary HIV screening, PNCC

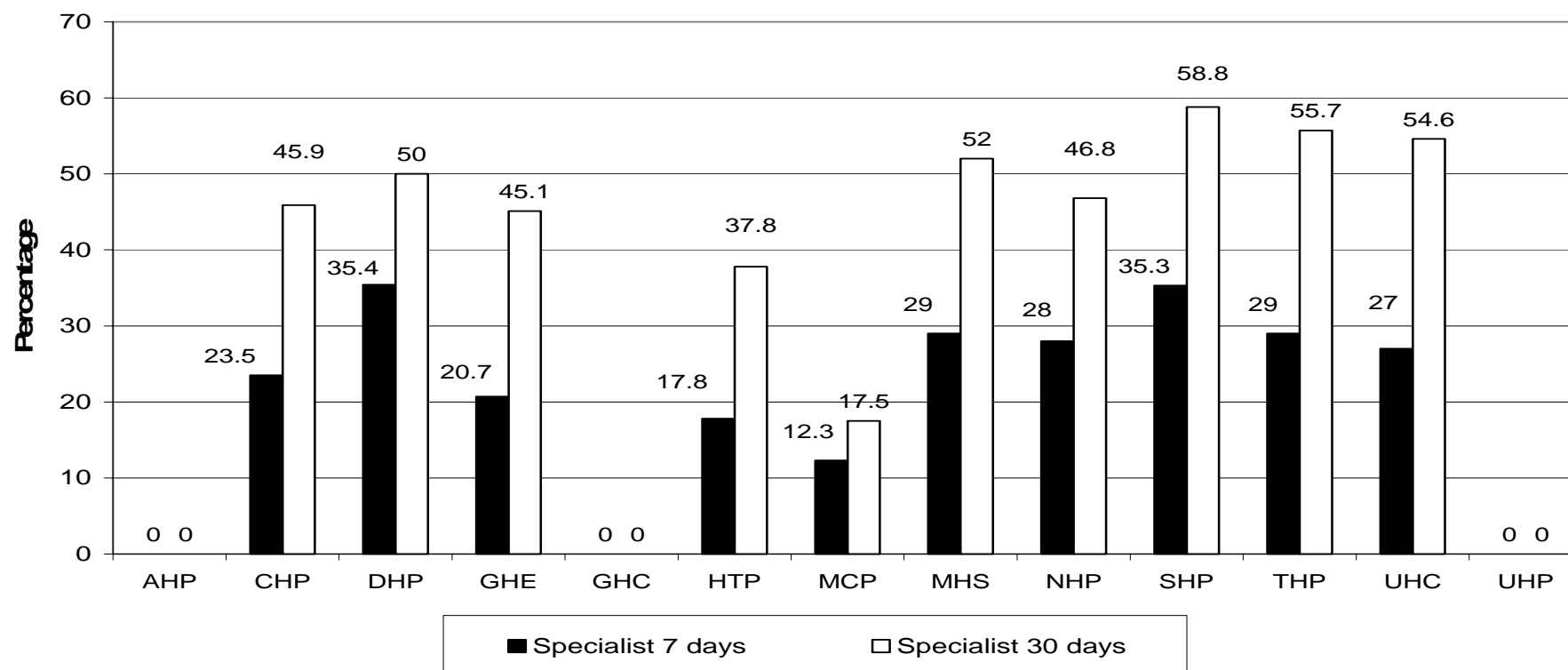


Monitoring measure

In 2005, the HMO average Cesarean section rate was 19.6 percent. The average rate for substance abuse care in the perinatal period was 1.3 percent and the average rate for voluntary HIV testing was 23.5 percent. Prenatal Care Coordination was identified for 0.2 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge

**Mental health/substance abuse post-discharge follow-up care
within 7 days and 30 days, by specialists, by HMO**



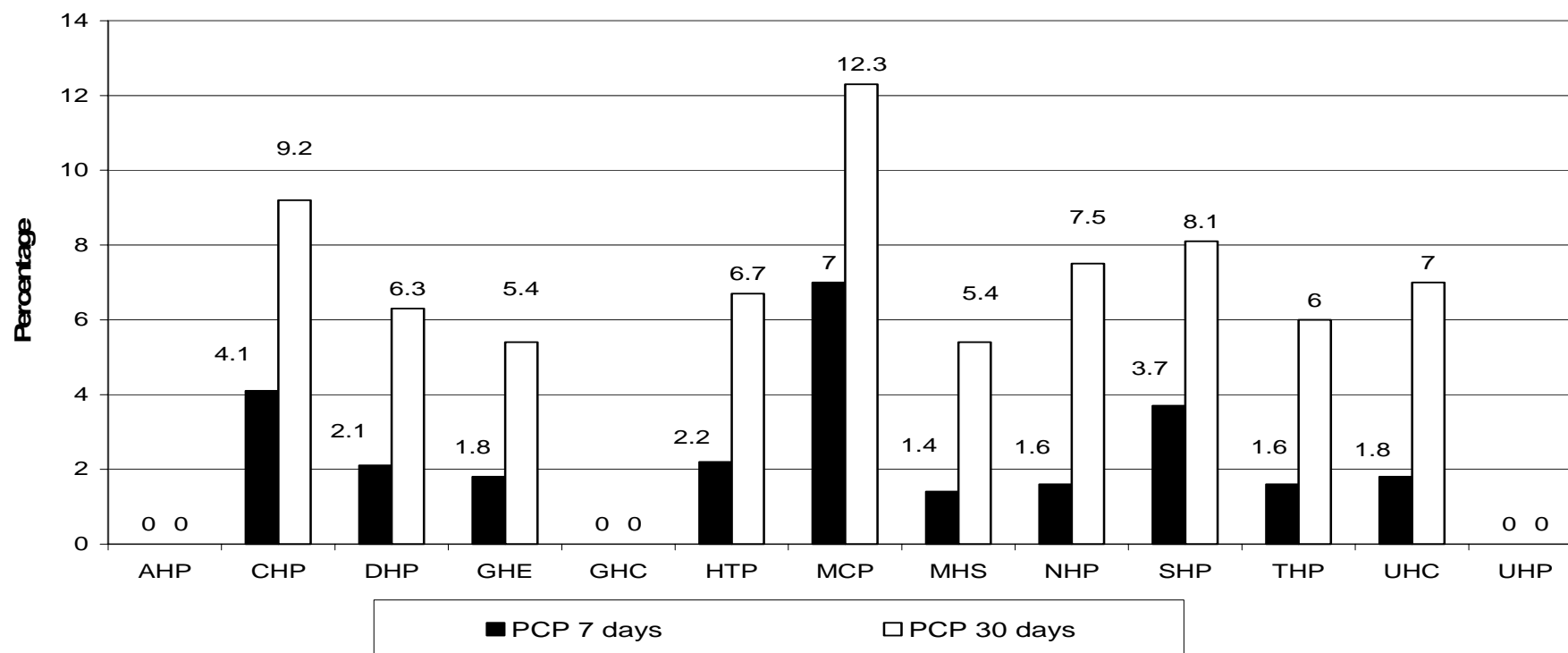
Targeted Performance Improvement Measure

The 2005 HMO average for mental health or substance abuse follow-up care by a specialist for all ages within 7 days of inpatient discharge was 26.9 percent; for follow-up within 30 days it was 50.1 percent. Three HMOs (AHP, GHC, and UHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

Mental health/substance abuse post-discharge follow-up care within 7 days and 30 days by primary care provider (PCP), by HMO

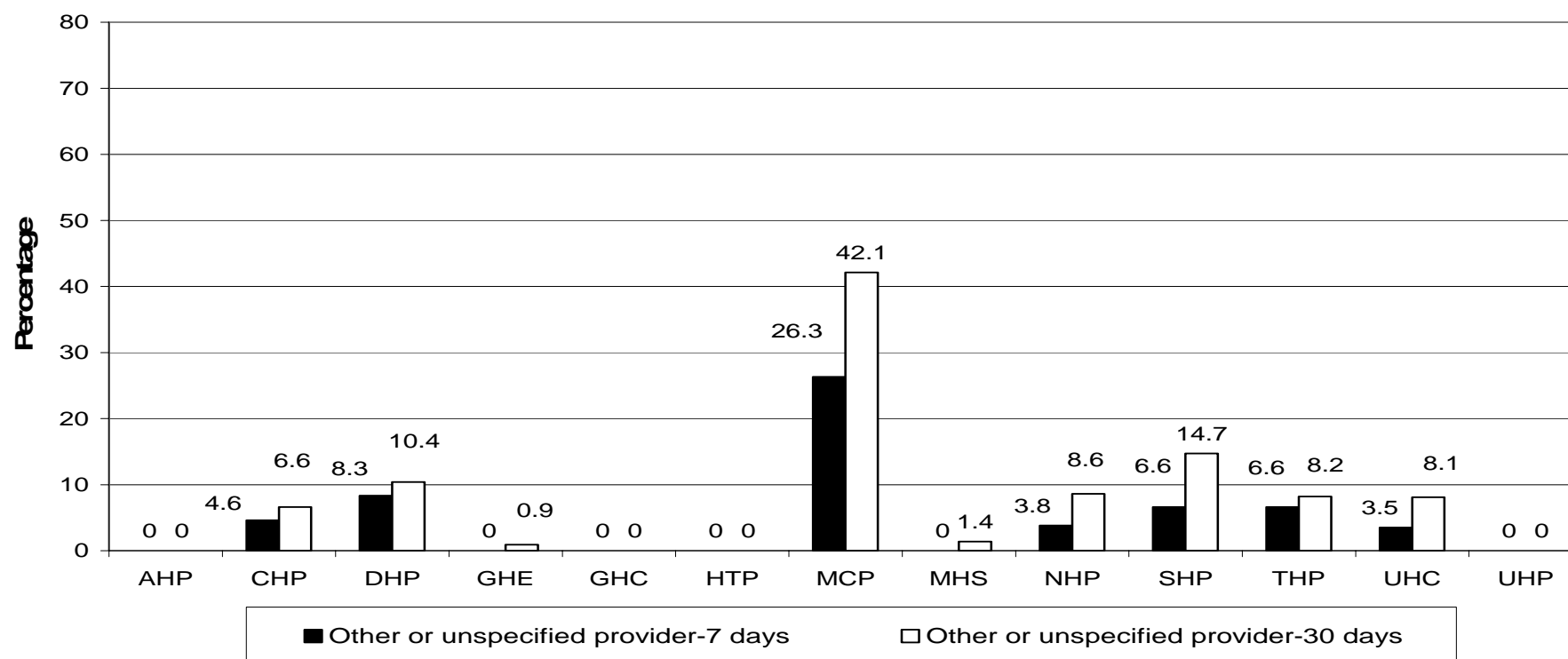


The 2005 HMO average for follow-up care by a primary care provider (PCP) within 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 2.3 percent. The average for follow-up within 30 days by a PCP was 7.2 percent. Three HMOs (AHP, GHC, and UHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

Mental health/substance abuse post-discharge follow-up care within 7 and 30 days by "other" or unspecified providers, by HMO

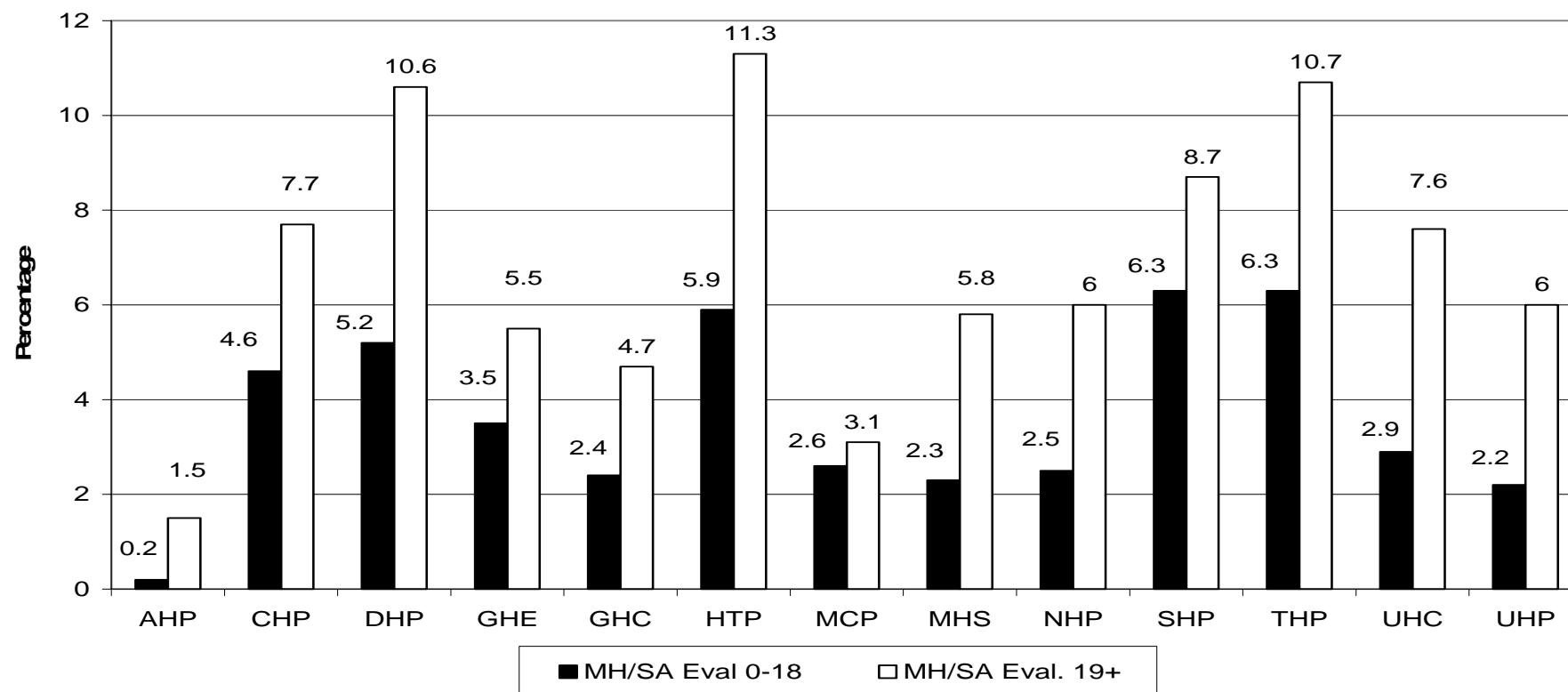


The 2005 HMO average for post-discharge follow-up care after inpatient care for mental health or substance abuse diagnoses by an "other" or "unspecified" provider within 7 days of discharge was 4.3 percent. The average for follow-up within 30 days of discharge for all ages was 8.2 percent. Three HMOs (AHP, GHC, and UHP) had denominators with fewer than 30 discharges and are not reported individually. HTP had more than 30 discharges (45) but had no encounters for this provider type. Please refer to p. 8 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care

Monitoring Measure

Mental health & substance abuse evaluations by age cohort and HMO

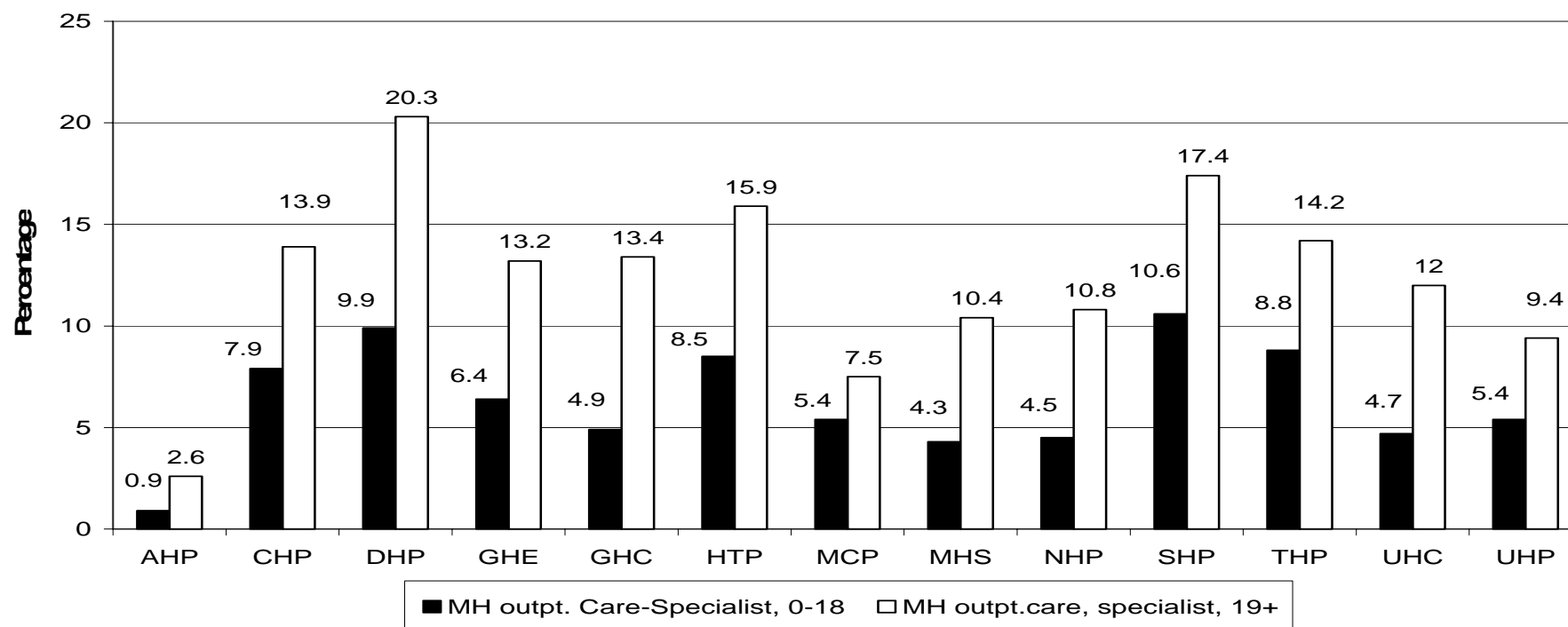


The average rate of mental health/substance abuse evaluations for all ages across all HMOs in Medicaid and BadgerCare was 4.4 percent in 2005. The average rate for age 0-18 years age group was 3.2 percent; the average for the 19+ years age group was 6.9 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

**Mental health outpatient care
by specialists, age cohort & HMO**

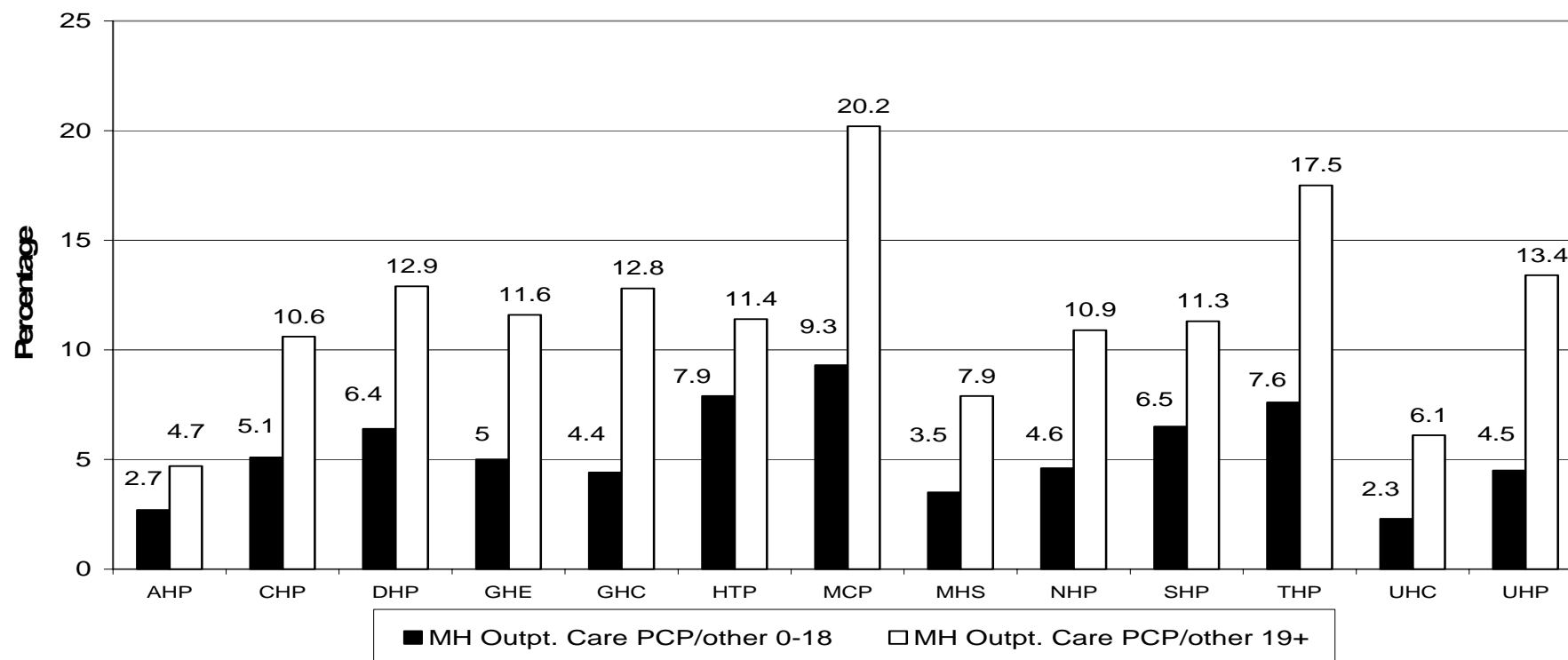


In 2005, the average rate of mental health outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 7.7 percent. The average rate of mental health outpatient care by a specialist for the 0-18 years of age group was 5.6 percent; the average rate for the 19+ year-old age group was 12.1 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

**Mental health outpatient care by
PCP/other providers, by age cohort, by HMO**

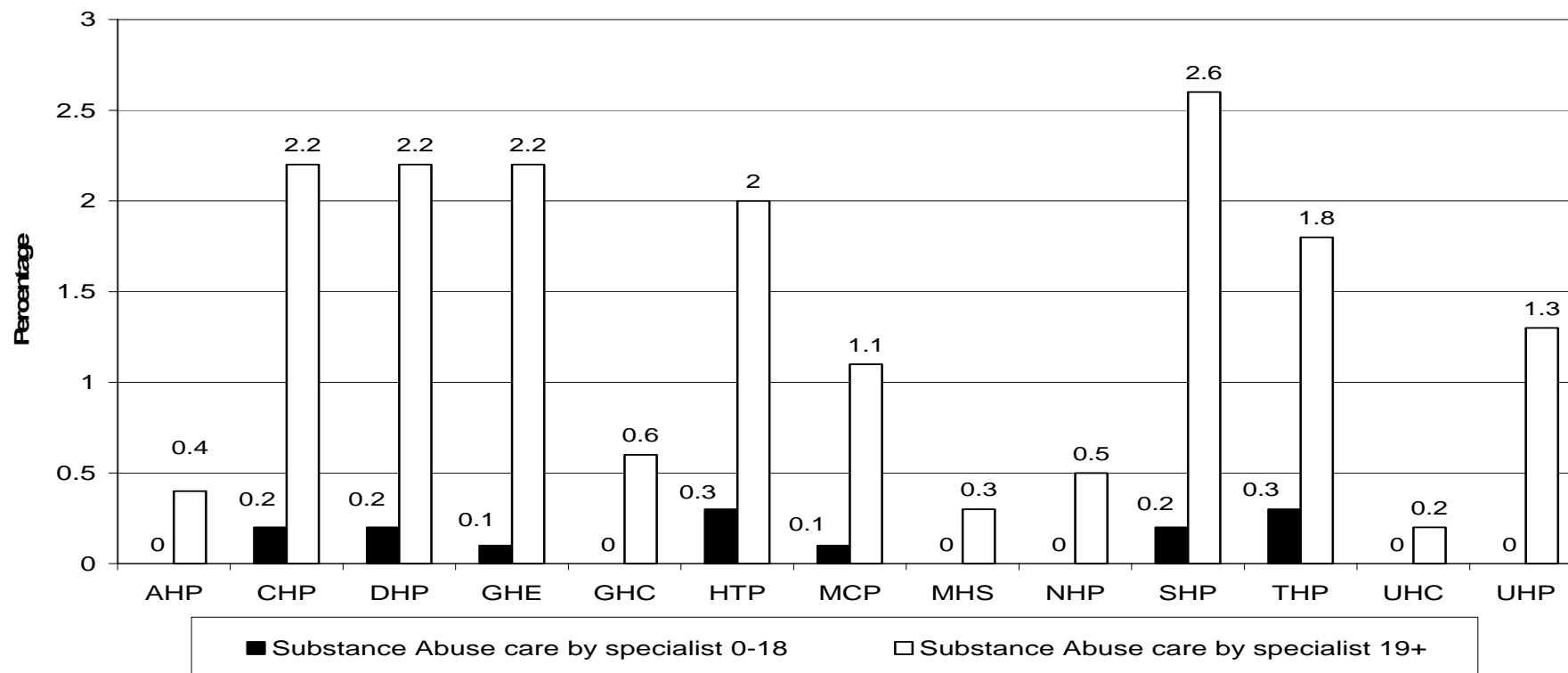


In 2005, the average rate of mental health outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 6.1 percent. The average rate of mental health outpatient care by a PCP or other provider for the 0-18 years of age group was 4.3 percent; the average rate for the 19+ year-old age group was 9.8 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Substance abuse outpatient care by specialists, age cohort and HMO

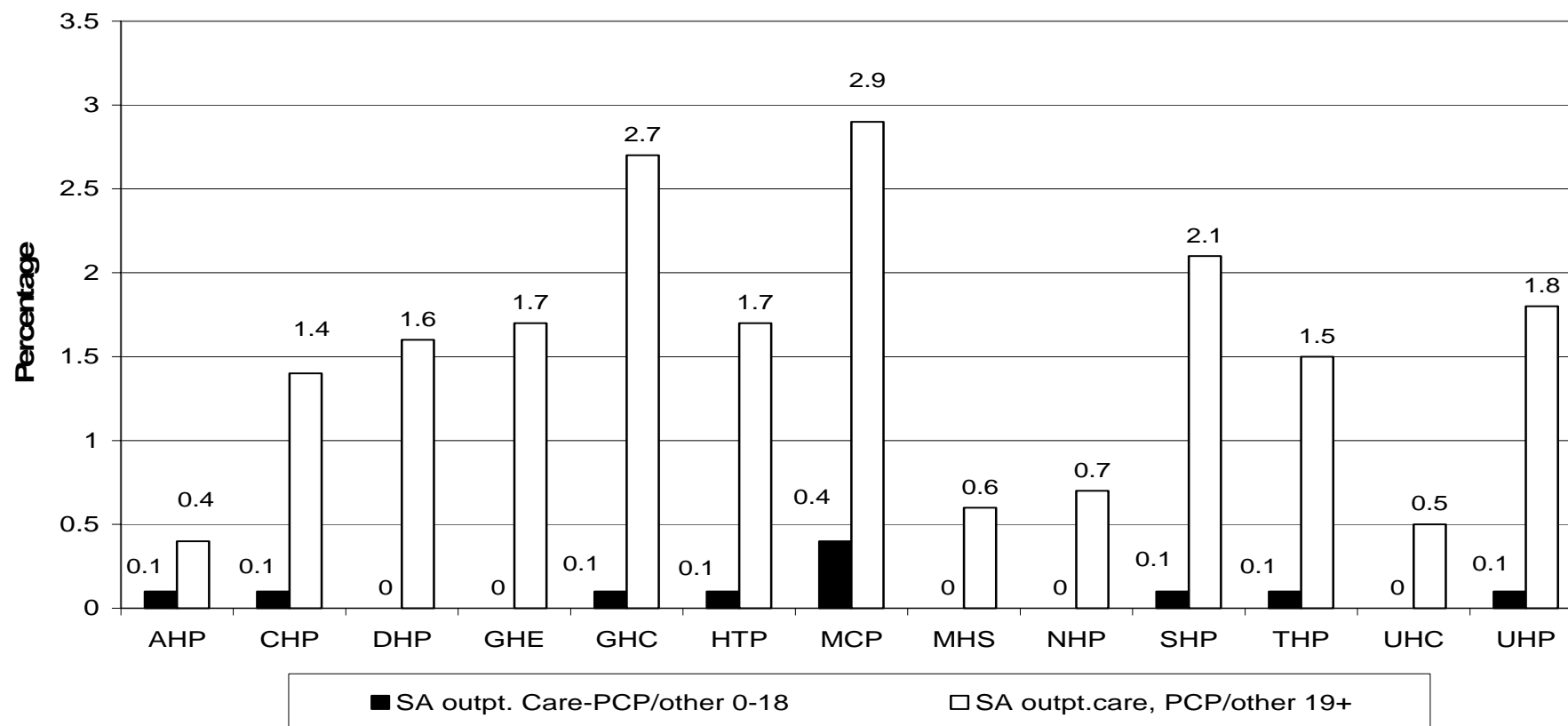


In 2005, the average rate of substance abuse outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 0.3 percent. The average rate of substance abuse outpatient care by a specialist for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year-old age group was 0.9 percent. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse-evaluations and outpatient care (continued)

Monitoring Measure

Substance abuse outpatient care by PCP/other providers, age cohort and HMO

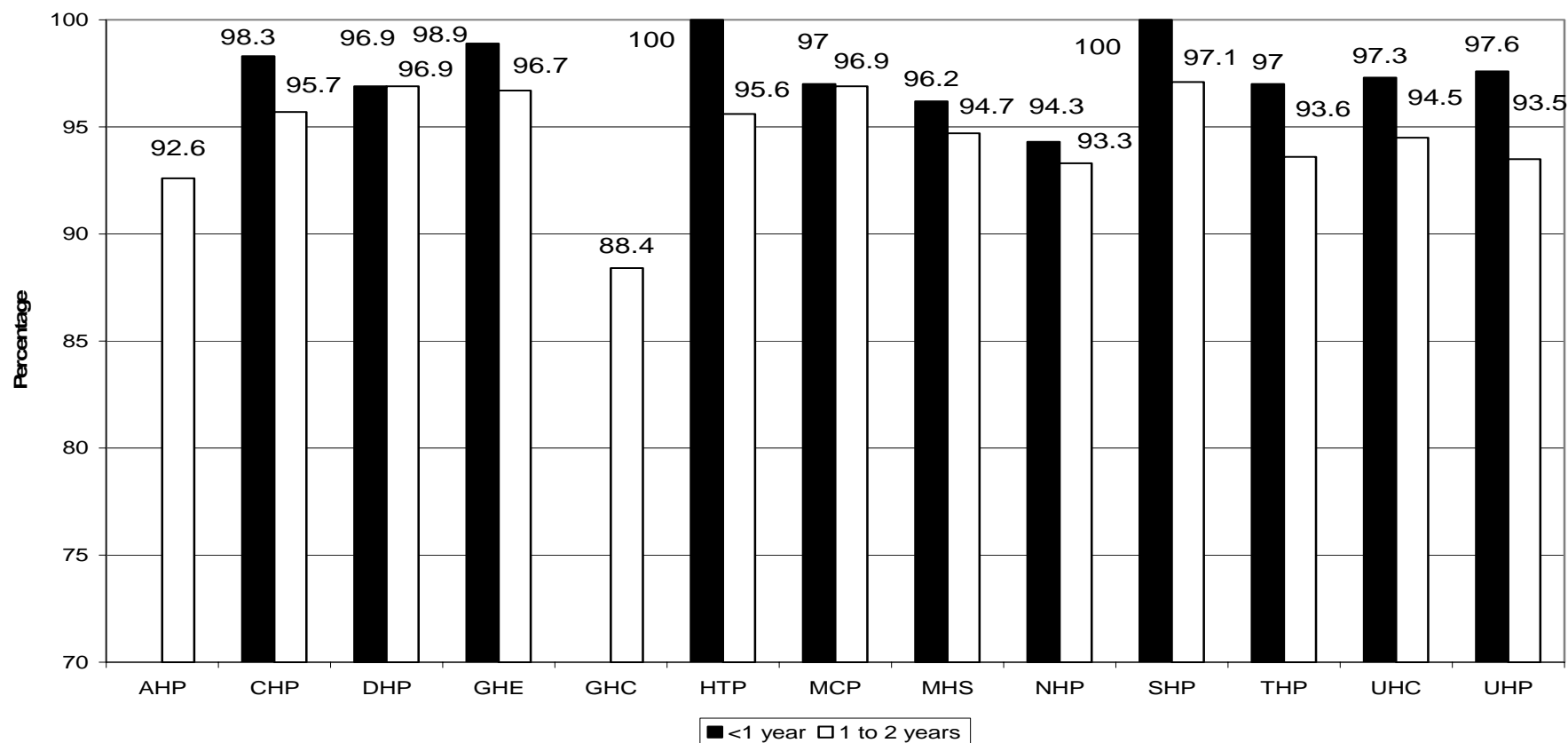


In 2005, the average rate of substance abuse outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 0.4 percent. The average rate of substance abuse outpatient care by a PCP/other provider for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year age group was 1.0 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Non-EPSDT (Non-HealthCheck) Well-child Care

Monitoring measure

Non-EPSDT well-child care, birth to 2 years, by HMO

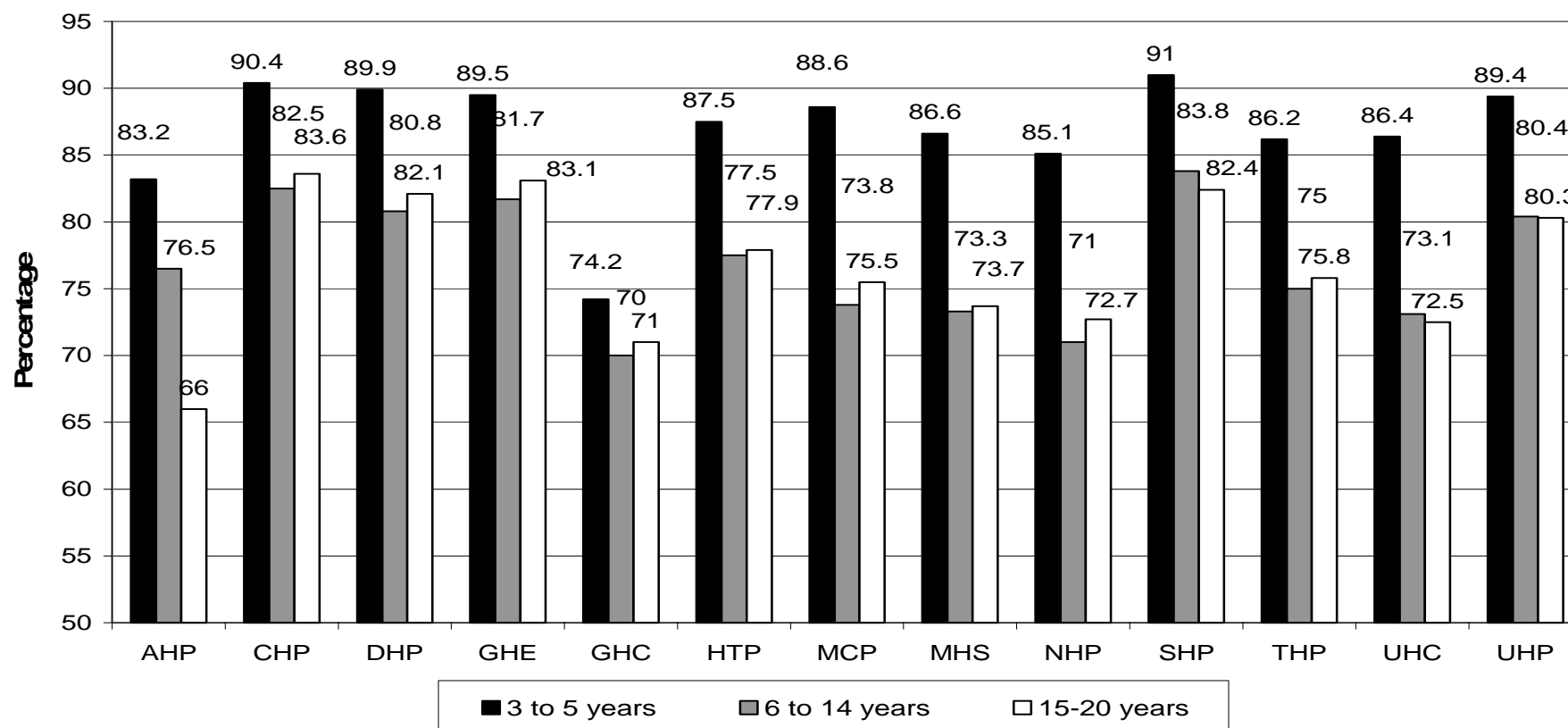


The average rate of provision of at least one non-EPSDT well-child visit for children under age one year across all HMOs in Medicaid and BadgerCare was 96.6 percent in 2005. The average rate of provision of at least one non-EPSDT well-child visit for children age one to two years across all HMOs in Medicaid and BadgerCare was 94.6 percent. AHP and GHC each had fewer than 30 enrollees in the denominator for one-year-olds, so they are not reported. Please refer to p. 8 for a key to the HMO abbreviations. Results continued on next page.

Non-EPSDT (Non-HealthCheck) Well-child Care (continued)

Monitoring measure

Non-EPSDT well-child care, age 3-20, by HMO

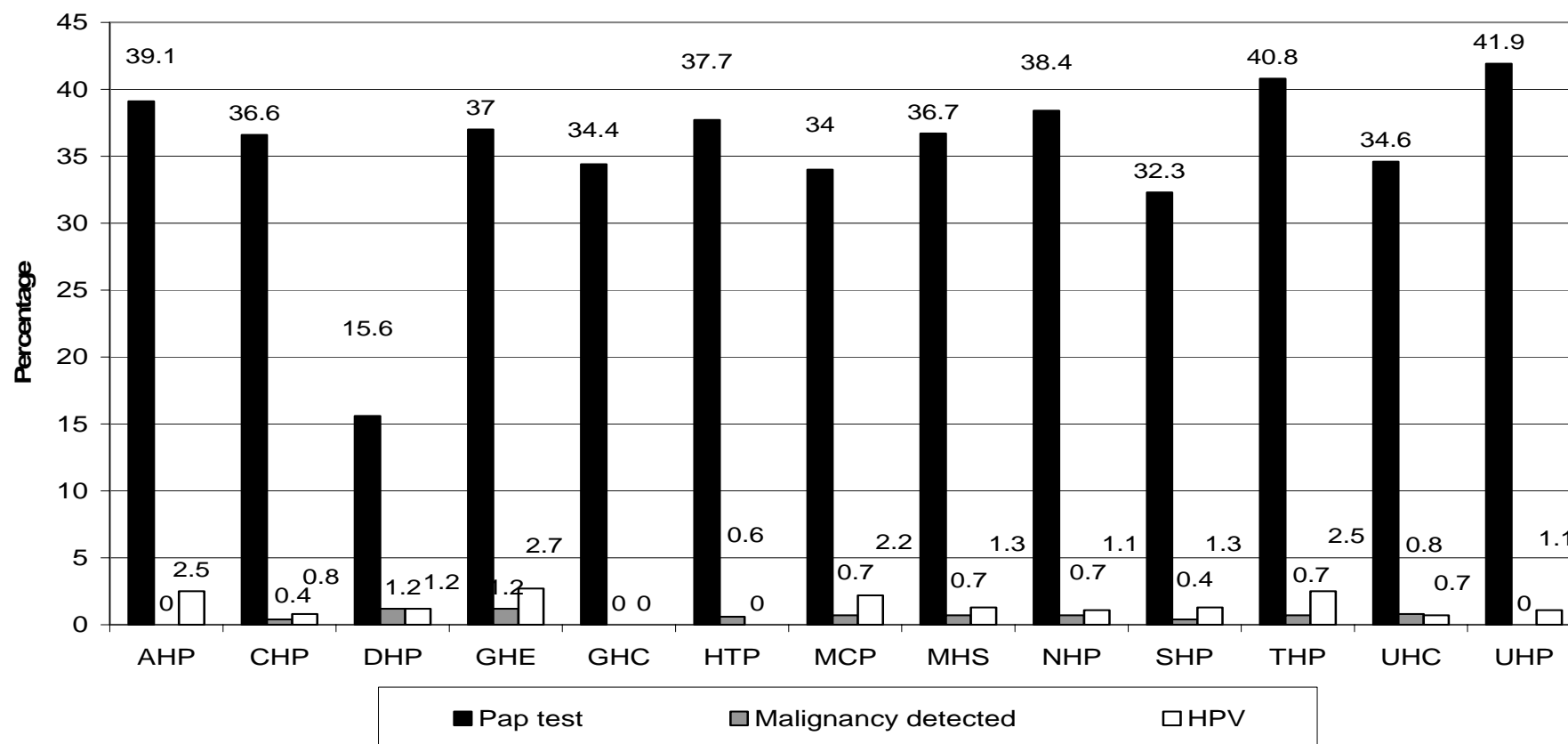


The average rate of provision of at least one non-EPSDT well-child visit for children age 3 to 5 years across all HMOs in 2005 was 87.1 percent. The average rate of provision of at least one non-EPSDT well-child visit for children age 6 to 14 years across all HMOs in Medicaid and BadgerCare was 75 percent. For children age 15-20 years of age, the rate was 75.5 percent. All are increases from the 2004 performance levels. Please refer to p. 8 for a key to the HMO abbreviations.

Pap Tests-Cervical Cancer Screening

Monitoring measure

Pap tests, malignancy & HPV detected



In 2005, the average rate of provision of Pap tests across all HMOs in Medicaid and BadgerCare for women age 18-65 years was 35.4 percent. The rate of detection of cervical malignancies was 0.7 percent. The rate of detection of human Papillomavirus (HPV) infections was 1.3 percent. Please refer to p. 8 for a key to the HMO abbreviations.

